

Columbia Parks and Recreation Department Youth Basketball Registration Form



Participant Information (please print)

Parent/Guardian Name _____ Date _____

Cell Phone Number _____ Secondary Phone Number _____

Phone Carrier (ex. Verizon, AT&T, Sprint, TMobile, Boost, etc) _____

Email Address _____

Mailing Address _____

City _____ State _____ Zip _____

Participants Name	Age/Sex	DOB (mm/dd/year)	T-Shirt Size YSM - AXXL	Is the child currently on a school sanctioned team?	Fees
		/ /			
		/ /			
		/ /			
TOTAL DUE					

Parents...We Need Your Help! We are looking for volunteer coaches and assistant coaches.

If you are interested in helping, please fill out the information below.

•Coach__ Age Group_____ •Assistant Coach__ Age Group_____

•Shirt Size AS__ AM__ AL__ AXL__ AXXL__

OPTIONAL PARENT/SIBLING SHIRTS

- If parents or siblings want to buy a team t-shirt, please include payment along with your registration fee. Each t-shirt is \$10.00.

T-shirt (optional): Adult Sizes and Amount: S _____ M _____ L _____ XL _____ XXL _____

Child Sizes and Amount: YS _____ YM _____ YL _____

Office Use Only

Payment Method _____ Receipt Number _____ Staff _____ Date _____

DISCLAIMER/HOLD HARMLESS STATEMENT

I/We agree to waive, indemnify and hold harmless the City of Columbia, Tennessee, its officers, agents and employees from and against any and all losses or expenses (including attorney's fees) by reason of any liability imposed by law or otherwise upon the City of Columbia, Tennessee for damages due to bodily injury, loss of life, damage to personal property or any other damages arising out of or in connection with the participation in the City of Columbia, Tennessee's Parks & Recreation Programs. This agreement shall apply whether or not such injury or damage is a result of the negligence of the above named participants or the City of Columbia, Tennessee, its officers, employees or agents or due to no negligence of any party whatsoever. A copy of this authorization shall be as effective as the original.

I/We have read and acknowledge that I/We understand and agree with the terms of the hold harmless agreement above and agree to be bound by such terms.

X _____ X _____ X _____
Signature of Parent/Guardian Printed Name of Parent/Guardian Date

Photographic Release

I hereby consent and authorize The Columbia Parks and Recreation Department to reproduce photographs or videos taken of my children for advertising and publicity purposes.

X _____ X _____ X _____
Signature of Parent/Guardian Printed Name of Parent/Guardian Date

AUTHORIZATION FOR MEDICAL TREATMENT

I hereby give my permission for any and all medical attention necessary to be administered to my child, _____, in the event of an accident, injury sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. **I also hereby assume the responsibility for payment of any such treatment.** This authorization shall be effective until **March 2017**.

Date of Birth _____

Address _____ City/State/Zip _____

Emergency Contact

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

Medical Information

Does your child have any allergies/diseases/infections or medical condition that may affect their ability to participate in physical activity or harm another participant?

Yes _____ No _____ If so, what is the condition(s)? _____

Player's Physician _____ Phone _____

Insurance Carrier _____

Group Plan # _____ ID # _____ Member Name _____

Benefit Code _____

X _____
Signature of Parent/Guardian Date

PLEASE RETURN FORM TO THE ARMORY RECREATION CENTER (503 CARTER ST.)

Approved 9-09